K092907

## SIUI CTS-8800 Digital Ultrasound Imaging System

# 510(k) Summary

MAR - 5 2010

This summary of 510(k) safety and effectiveness information is provided in accordance with the requirements of SMDA 1990 and 21 CFR 807.92(c).

The assigned 510(k) number is: K092907

### 1. 510(k) Owner:

Shantou Institute of Ultrasonic Instruments Co., Ltd. (SIUI)

77 Jinsha Road, Shantou, Guangdong 515041, China

Tel: 86-754-88250150 Fax: 86-754-88251499

### **Contact Person:**

Flower Cai

Shantou Institute of Ultrasonic Instruments Co., Ltd.

77 Jinsha Road, Shantou, Guangdong 515041, China

Date Prepared: February 4, 2010

### 2. <u>Device/Trade Name:</u>

CTS-8800 Digital Ultrasound Imaging System

### **Classification Name:**

Regulatory Class: II

Ultrasonic Pulsed Doppler Imaging System 90-IYN (per 21 CFR 892.1550)

Ultrasonic Pulsed Echo Imaging System 90-IYO (per 21 CFR 892.1560)

Diagnostic Ultrasound Transducer 90-ITX (per 21 CFR 892.1570)

### 3. Predicate Device:

The subject device is substantially equivalent to the device currently having FDA 510(k) clearance Ultrasonix Ergosonix 500 Ultrasound Scanner (K042326) with respect to intended use, principles of operation and technological characteristics.

### 4. <u>Device Description:</u>

The SIUI CTS-8800 is a Digital Ultrasound Imaging System capable of the following operating modes: 2D (B mode), M, Doppler (PWD mode), Color (CFM mode) and 3D. The system is designed for use in linear, convex, phased array and 3D scanning modes and supports linear, convex, phased array and 3D transducers. The system has cine review, image zoom, measurements and calculations, image storage and review, printing and recording capabilities.

#### 5. Intended Use:

The device is intended for ultrasonic pulsed echo imaging and measurement for abdominal, pediatric, small organs, musculo-skeletal, cardiac and peripheral vascular applications.

### 6. Safety Considerations:

The CTS-8800 Digital Ultrasound Imaging System has been tested per the FDA Guidance document "Information for Manufacturers Seeking Marketing Clearance of Diagnostic Ultrasound Systems and Transducers" issued in September 2008. The acoustic output is measured and calculated per NEMA UD 2 Acoustic Output Measurement Standard for Diagnostic Ultrasound Equipment: 2004. The device conforms to applicable medical device safety standards, such as IEC 60601-1, ISO10993-5 and ISO 10993-10.

### 7. Conclusion:

The conclusions drawn from testing of the CTS-8800 Digital Ultrasound Imaging System demonstrates that the device is as safe and effective as the legally marketed predicate device.



### APR - 1 2010

Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

Shantou Institute of Ultrasonic Instruments Co., Ltd. (SIUI) % Mr. Bob Leiker QRS Representative Quality and Regulatory Services, Inc. 7263 Cronin Circle DUBLIN CA 94568

Re: K092907

Trade/Device Name: CTS-8800 Digital Ultrasound Imaging System

Regulation Number: 21 CFR 892.1550

Regulation Name: Ultrasonic pulsed doppler imaging system

Regulatory Class: II

Product Code: IYN, IYO, and ITX

Dated: February 4, 2010 Received: February 16, 2010

#### Dear Mr. Leiker:

This letter corrects our substantially equivalent letter of March 5, 2010.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the CTS-8800 Digital Ultrasound Imaging System, as described in your premarket notification:

Transducer Model Number

Convex Array C3L60G
Linear Array L7L38G
Convex Array 4DL40G
Phased Array P3F14G

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <a href="http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm">http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</a> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

If you have any questions regarding the content of this letter, please contact Shahram Vaezy at (301) 796-6242.

Sincerely yours,

Donald St. Pierre

Acting Director

Division of Radiological Devices Office of In Vitro Diagnostic Device

**Evaluation and Safety** 

Center for Devices and Radiological Health

Enclosure(s)

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### **Indications for Use Statement**

510(k) Number (if known): K092907

Device Name:

CTS-8800 Digital Ultrasound Imaging System with

Convex Array Transducer C3L60G

Linear Array Transducer L7L38G

Convex Array Transducer 4DL40G

Phased Array Transducer P3F14G

Indications for Use:

Diagnostic ultrasonic imaging for abdominal, pediatric, small organ, musculo-skeletal, cardi c, peripheral vascular applications in B, M, PWD, Color Doppler and 3D imaging modes.

Prescription Use (Part 21 CFR 801 Subpart D)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

(Division Sign-Off) Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

## Diagnostic Ultrasound Indications for Use Form

## 3.1 System Indications for Use Form System: CTS-8800

Clinical Application		Mode of Operation								
General (Track 1 Only)	Specific	В	M	PWD	CWD	Color Doppler	Combined (Specify)	O: (S	er* ceify)	
Ophthalmic	Ophthalmic							+	N	
	Fetal	N	Z					+	N	
	Abdominal	N	N	N		N	<u> </u>	+-	-14	
	Intra-operative (Specify)		_		<u> </u>	-		+		
	Intra-operative (Neuro)	$\perp$	_		<del> </del>	-	<del> </del>	+		
	Laparoscopic		_	ļ	<del>                                     </del>			+		
Fetal	Pediatric	N	N	N	<del>  -</del>	N_	<del></del>	+		
lmaging	Small Organ (Specify)	N	N	N		N		+-		
& Other	Neonatal Cephalic						<del> </del>	+	-	
	Adult Cephalic									
	Trans-rectal							+		
	Trans-vaginal							+		
	Trans-urethral							+		
	Trans-esoph. (non-Card.)							+		
	Musculo-skeletal (Conventional)	N	N	Ŋ		N			-	
	Musculo-skeletal (Superficial)	N	N	N		N				
	Intravascular		$T_{-}$					+		
	Other (Specify)	N	N	N		N		+	N	
	Cardiac Adult	N	N	N		Ň		+		
Cardiac	Cardiac Pediatric	N	N	N		N	<u> </u>	+		
	Intravascular (Cardiac)							+		
	Trans-esoph. (Cardiac)							+		
	Intra-cardiac							+	-	
İ	Other (Specify)							-	in	
Peripheral	Peripheral vessel	N	1	N		N		+		
Vessel	Other (Specify)									

N = new indication: P = previously cleared by FDA; E = added under this appendix
* Other modes of operation include: 3-D Imaging:
Additional Comments: Other uses include: Prostate, Kidney, Uterus, Ovary
Small arrows include: Thymid Tosles, Breast

Prescription Use (Per 21 CFR 801.109)

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Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K 4092907

## Diagnostic Ultrasound Indications for Use Form

# 3.2 Transducer Indications for Use Form Transducer: Convex Array C3L60G

Clinical Application		Mode of Operation								
Coneral	Specific (Tracks 1 & 3)	В	M	PWD	CWD	Color Doppler	Combined (Specify)	Ot (S <sub>1</sub>	er* cify)	
Ophthalmic	Ophthalmic		_		-			+		
	Fetal	N	N	ļ	-	<del></del>		+	-	
	Abdominal	N	N	N.	<del> </del>	N		+	***	
	Intra-operative (Specify)		_		-	<del> </del>		+		
	Intra-operative (Neuro)		_		-	<del> </del>	+	十一		
	Laparoscopic		_	<del> </del>		<del> </del>	<del></del>	十	~	
Fetal	Pediatric		<del> </del>		-	+-		+		
Imaging & Other	Small Organ (Specify)						<del></del>	+-		
	Neonaral Cephalic		$oxed{oxed}$							
	Adult Cephalic									
	Trans-rectal							+	,	
	Trans-vaginal							-	-	
	Trans-urothral									
	Trans-esoph. (non-Card.)							-		
	Musculo-skeletal (Conventional)							-		
	Musculo-skeletal (Superficial)							_		
	Intravascular						<del></del>	+	÷	
	Other (Specify)	N	N	N		N_		+		
	Cardiac Adult		_						-	
Cardiac	Cardino Pediatrio		$\bot$			<del> </del>				
	Intravascular (Cardiac)		$\bot$					+		
	Trans-esoph. (Cardiac)									
	Intra-cardiac		$\bot$			<del></del>		+		
<b>!</b>	Other (Specify)		_ _					-	-	
Peripheral	Peripheral vessel		_					+		
Vessel	Other (Specify)		ـــــــــــــــــــــــــــــــــــــــ							

N = new indication; P = previously cleared by FDA; E = added under this appendix Additional Comments: Other uses include: Prostate, Kidney, Uterus, Ovary

Prescription Use (Per 21 CFR 801.109)

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# Diagnostic Ultrasound Indications for Use Form

# 3.3 Transducer Indications for Use Form Transducer: Linear Array L7L38G

Clinical Applies	tion	Mode of Operation								
General (Track 1 Only)	Specific	В	M	PWD	CWD	Color Doppler	Combined (Specify)		cify)	
Ophthalmic	Ophthalmic					-		+		
	Fetal		_				<del> </del>	+-		
	Abdominal						<del></del> -	+		
	Intra-operative (Specify)		_		-		<del></del>	+		
	Intra-operative (Neuro)		_	<b>├</b>			<del> </del>	-	-	
	Laparoscopic		_	<del>  -</del>		-		+-	*	
Fctal	Pediatric	N	N	N		N	<del></del>	+-	-	
Imaging	Small Organ (Specify)	N	N	N		- N	<del></del>	+		
& Other	Neonatal Cephalic			<b>↓</b>		<del></del> -		+	***	
	Adult Cephalic		_					-+-	-	
	Trans-rectal							-+-		
	Trans-vaginal									
	Trans-urethral							┽-		
	Trans-csoph. (non-Card.)		$\top$					_		
	Musculo-skeletal	N	N	N		N		1		
	(Conventional)		$\perp$			<del></del>	_	+		
	Musculo-skelctal	N	N	N		N				
	(Superficial)	_	+-		_	+		-		
	Intravascular		╄	<del>  -</del> -			<del></del> -			
1.1 A	Other (Specify)		4	_	_	_			11 (11)	
	Cardiac Adult		-		<del>-</del>			+	-	
Cardiac	Cardiac Pediatric		_		_			-+		
	Intravascular (Cardiac)		_	+	-		<del></del>			
1	Trans-esoph. (Cardiac)		+	-			<del></del>			
	Intra-cardiac		+	+	-+			-	-	
	Other (Specify)		ـــاـــ			N				
Peripheral	Peripheral vessel	N		N N			<del></del> -	-+		
Vessel	Other (Specify)								-	

N = new indication: P = previously cleare	by FDA; E = added under this appendix
Additional Comments: Small organs inch	de: Thyroid, Testes, Breast

Prescription Use (Per 21 CFR 801.109)

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## Diagnostic Ultrasound Indications for Use Form

# 3.4 Transducer Indications for Use Form Transducer: Convex Array 4DL40G

Clinical Application		Mode of Operation								
General (Track 1 Only)	Specific	В	M	PWD	CWD	Color Doppler	Combined (Specify)		er*	
Ophthalmic	Ophthaimic					ļ <u></u> -		+	· <u>K</u>	
	Fctal		N				ļ	+	-	
	Abdominal		N		<u> </u>	ļ		+-	N	
	Intra-operative (Specify)		$\perp$					+		
	Intra-operative (Neuro)		1			<u> </u>	<del></del>	+		
	Laparoscopic		↓_		-			+	*	
Fetal	Pediatric		—	-			<del> </del> -	+-	-	
Imaging	Small Organ (Specify)						<del></del> -	+-		
& Other	Neonatal Cephalic		4_	<b>_</b>	—	ļ <u>-</u>	<del> </del>	+	-	
	Adult Cephalic			<u></u>				+		
	Trans-rectal							+		
	Trans-vaginal							-	-	
	Trans-urethral							+	-	
	Trans-esoph. (non-Card.)		1_					+	*****	
	Musculo-skeletal (Conventional)							$\downarrow$		
	Musculo-skelctal (Superficial)							-	-	
	Intrayascular					<del></del>		+	N	
	Other (Specify)		N					+		
	Cardiac Adult				_			+		
Cardiac	Cardiac Pediatric							+		
	Intravascular (Cardiac)		$\perp$		_			+	-	
Į.	Trans-esoph. (Cardiac)							+		
l	Intra-cardiac		1		_			+	-	
	Other (Specify)							+		
Peripheral	Peripheral vessel		$\perp$					+	*	
Vessel	Other (Specify)				der this an				-	

N = new indication; P = previously cleared by FDA; E = added under this appendix

\* Other modes include: 3-D [maging:

Additional Comments: Other uses include: Prostate, Kidney, Uterus, Ovary

Prescription Use (Per 21 CFR 801.109)

Division of Radiological Devices Office of In Vitro Diagnostic Device Evaluation and Safety

## Diagnostic Ultrasound Indications for Use Form

## 3.5 Transducer Indications for Use Form Transducer: Phased Array P3F14G

Clinical Application		Mode of Operation									
General (Track 1 Only)	Specific	В	M	PWD	CWD	Color Doppler	Combined (Specify)	Oti (Sp	cify)		
Ophthalmic ,	Ophthalmic							_			
	Fctal	$\Box$					<u></u>				
	Abdominal		<u> </u>			<del>-</del>					
l y	Intra-operative (Specify)		_	<u> </u>							
	Intra-operative (Neuro)		$oxed{oxed}$			-		-			
	Laparoscopic		_	<del>                                     </del>	<del>_</del>		<del></del>	╫	-		
Fetal	Pediatric	_ _	<u> </u>	<del>                                     </del>		-	<del>- </del>	+-			
Imaging	Small Organ (Specify)					<del>-</del>					
& Other	Neonatal Cephalic		_				<del>-</del>				
	Adult Cephalic		<u>L</u>					-			
	Trans-rectal		]					+-	-		
	Trans-vaginal										
	Trans-urethral			<u> </u>							
	Trans-csoph. (non-Card.)							_ -	-		
	Musculo-skoletal (Conventional)							_			
	Musculo-skeletal (Superficial)							$\perp$			
	Intravascular				_	_					
	Other (Specify)					<del></del>		==	is the		
	Cardiac Adult	N	N			N			_		
Cardiac	Cardiac Pediatric	N	1 1	I N		N		-+			
	Intravascular (Cardiac)				_						
	Trans-esoph. (Cardiac)						-				
	Intra-cardiau		$\perp$				<del></del>				
	Other (Specify)								سندر با		
Peripheral	Peripheral vessel				_	_		-			
Vesscl	Other (Specify)				da- ship an				-		

N = new indication; P = previously cleared by FDA; E = added under this appendix

Prescription Use (Per 21 CFR 801.109)

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